



Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

502-869-8000
Fax 502-543-3608
www.bullittschools.org

MEMO

TO: Jesse Bacon *JB*

FROM: Mark Mitchell *ms*

DATE: May 12, 2019

RE: Agenda Item for May 20, 2019 Board Meeting
Facility Use Application for North Bullitt High School

The North Bullitt High School boys' basketball team requests permission to host a basketball tournament at North Bullitt High School on June 15-16, 2019.

Gym Rats Basketball Association LLC will facilitate the tournament splitting the profits 50/50 with the boys' basketball program. Gym Rats Basketball Association LLC will organize and schedule the tournament and North Bullitt High School will supply the facility and workers. They will have district employees at the site during the tournament.

Attached are the Application and Agreement Forms and Liability Insurance Certificates for North Bullitt High School.

I recommend the Board approve this request for the North Bullitt High School boys' basketball team to host the basketball tournament on June 15-16, 2019.

North Bullitt High School



3200 E Hebron Lane
Shepherdsville, KY 40165

One Team-One Dream

Tel: 502-869-6200
Fax: 502-957-6762

05/07//19

I am in agreement with Alex Young, (Basketball Coach at North Bullitt High School) and the North Bullitt High School Basketball team to host a Fundraiser Basketball Tournament at North Bullitt High School on June 15-16, 2019.

Thank you,

A handwritten signature in cursive script that reads "J. Britt".

Joni Britt, Principal
North Bullitt High School

Assistant Principals

Jessica Sturgeon
Nick Sutherland
Lindsey Wegley

Principal

Joni Britt

Counselors

Chelsea Mullennex
Missy Speakman
April Walker

Application and Agreement for Use of District Property

NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

Name of Sponsoring Organization/Activity	NBHS Boys Basketball		Telephone	502-442-0507
Representative's Name	Alex Young (HEAD COACH)			
Address	3200 E. Hebron Lane Shepherdsville KY 40165			
The above organization/individual requests the use of:				
<input type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input type="checkbox"/> dining room/kitchen	<input type="checkbox"/> stadium	
<input type="checkbox"/> classroom(s)	<input checked="" type="checkbox"/> other, specify CCR AUX GYM			
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
If yes, specify equipment		Operator's Name		
N/A		N/A		
Is the organization planning to conduct sales on school premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, give a complete description of what is being sold and how the proceeds will be used. Concessions to pay for yearly basketball expenses				
Building/school/facility NBHS Main & Aux Gym				
Purpose Basketball Tournament Fundraiser				
Date(s) requested		Time(s) Requested		
June 15-16		8am-9pm		
Will public be admitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain Fans to watch game				
Will advertisement(s) be used? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, please explain				
Will admission be charged? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain Admission for fundraiser				

When using school facilities, this organization agrees to observe the following:

1. To schedule with the Superintendent/designee the time(s) District property is to be used. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. To abide by the requirements of Board policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official

Cost for use of District property \$ _____ Cost for school employee \$ Estimate 1049.35 Total cost \$ 1049.35 estimate

Deposit \$ 0 Is deposit refundable? ☐ Yes ☐ No

Date Deposit Received NA Balance Due \$ _____

Board employee(s) assigned: Alex Young, Judy Ice

Board Action Date, if applicable _____ Board Order # _____

Date of Use June 15-16, 2019 Length of Time 200600. 13 hrs/day

FEE SCHEDULE

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians	<u>Judy Ice</u>	<u>26</u>	<u>30.30</u>	<u>787.80</u> Estimate
Food Service Employees				
Supervisory Personnel				
Other				
<u>Fringes</u>				<u>261.55</u>
TOTAL PERSONNEL CHARGE				<u>1049.35</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>NBHS</u> school			<u>- 0 -</u>
Auditorium at _____ school			
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school			
Classroom(s) Number _____ at _____ school			
Stadium at _____ school			
Other Property at <u>Gymnasium/NBHS CCR</u> school <u>Gym</u>			<u>- 0 -</u>

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

Application and Agreement for Use of District Property

RATES FOR DISTRICT FACILITY USE

(The Principal of the school may set additional charges if not specifically stated.)

ALL PURPOSE ROOM

- \$30 for up to 3 hours, \$5 per hour each additional hour

AUDITORIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

GYMNASIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

CAFETERIA

- \$30 per hour

KITCHEN

- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

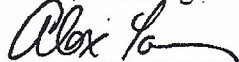
KITCHEN AND CAFETERIA

- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half

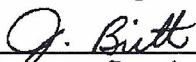
OUTSIDE PROPERTIES

- \$30 for elementary/middles schools

- \$50 for high schools



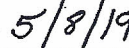
Signature - Representative of User Group



Signature - Superintendent/designee



Date



Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND THE OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

Review/Revised:7/19/11

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/11/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: richard@chappellinsurance.com	
Chappell Insurance Agency 25807-A Cox Rd Petersburg, VA, 23803		PHONE (A/C, No. Ext): 1-804-733-2020	FAX (A/C, No): 804-733-2968
		E-MAIL ADDRESS: support@chappellinsurance.com	
INSURED		INSURER(S) AFFORDING COVERAGE	
Gym Rats Basketball Association LLC 811 Airport North Office Park Fort Wayne, IN 46815		INSURER A: Nationwide Mutual Insurance Company	NAIC #: 23787
		INSURER B: Hartford Life and Accident Company	70815
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: GR-AI-105 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		RPG301058-00	08/01/2018 12:01 AM	08/01/2019 12:01 AM	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					2,000,000
	<input checked="" type="checkbox"/> Abuse/Molestation - \$1 million/\$2 million					DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> PLL - \$2,000,000					300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					MED EXP (Any one person)
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY
	<input checked="" type="checkbox"/> OTHER:					2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR					GENERAL AGGREGATE
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION					PRODUCTS COMP/OP AGG
						PARTICIPANT LEGAL LIABILITY
						2,000,000
						EACH OCCURRENCE
						AGGREGATE
	PARTICIPANT ACCIDENT			12:01 AM	12:01 AM	EXCESS MEDICAL
						DEDUCTIBLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder is an additional insured but only with respect to the operations of the named insured. Gym Rats Basketball Association LLC and its director(s) is a named insured on this policy. Sexual abuse/molestation coverage - \$1,000,000 per occurrence and \$2,000,000 aggregate.

Coverage Effective From 03/11/2019 TO 08/01/2019

CERTIFICATE HOLDER	CANCELLATION
Bullitt County Public Schools 1040 Highway 44 East Shepherdsville, KY 40165 Certificate Number: GR-AI-105	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE
	